

| | | |
|---|--|---|
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NO. DE030239 |
| INTERNATIONAL APPLICATION NO. PCT/IB2004/50999 | INTERNATIONAL FILING DATE June 24, 2004 | U.S. Application No. (If known, see 37 CFR 1.5) 10/1563843 |
| TITLE OF INVENTION MULTIFLUORINATED CONDUCTOR MATERIAL FOR LED'S FOR IMPROVING THE LIGHT OUTCOUPLING | | |
| APPLICANT(S) FOR DO/EO/US HERBERT FRIEDRICH BOERNER | | |
| Applicant(s) herewith submit to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9), and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input type="checkbox"/> is attached hereto (required only if not transmitted by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet is compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Express Mail Certificate; PTO/SB/80; Charge Authorization; Receipt Confirmation Postcard PTO/SB/08A; PTO/SB/08B; PTO/SB/98</p> | | |

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CERTIFICATE OF EXPRESS MAILING

Express Mail Mailing Label No.: EV 746348330

Date of Deposit: January 5, 2001

I hereby certify that this paper and fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Box PCT, P.O. Box 1450, Alexandria, VA 22313-1450.

Marianne Fox
Name

Marianne Fox
Signature

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|---|-----------------------------|--------------------------------------|----------|---|-----------------------|---|-----------------------------|-----------------------|--|--|-------|--|----------|----------------------|----------|---------------------------|-------|--|----------|--|--|---|-------|--|----------|--|--|---|-------|--|----------|--|--|---------------------------|-------|--|-------|--|--|-----------------------------------|--|--|--|--|--|
| U.S. APPLICATION NO. <u>10/363043</u> (If known, see 37 C.F.R. 1.5) | | INTERNATIONAL APPLICATION NO. PCT/IB2004/50999 | | ATTORNEY'S DOCKET NUMBER DE030239 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>The following fees have been submitted:</p> <table> <tr> <td>21. <input checked="" type="checkbox"/> Basic National Fee.....</td> <td colspan="2">\$300</td> <td colspan="3">CALCULATIONS (PTO USE ONLY)</td> </tr> <tr> <td>22. <input checked="" type="checkbox"/> Examination Fee (If International preliminary examination report prepared by USPTO and all claims satisfy provisional of: PCT Article 33(1)-(4).....</td> <td colspan="2">\$100</td> <td colspan="3">\$300.00</td> </tr> <tr> <td>All other situations.....</td> <td colspan="2">\$200</td> <td colspan="3">\$200.00</td> </tr> <tr> <td>23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority.....</td> <td colspan="2">\$100</td> <td colspan="3">\$400.00</td> </tr> <tr> <td>International Search Report prepared and provided to the Office....</td> <td colspan="2">\$400</td> <td colspan="3">\$400.00</td> </tr> <tr> <td>All other situations.....</td> <td colspan="2">\$500</td> <td colspan="3">\$500</td> </tr> <tr> <td colspan="6" style="text-align: right;">TOTAL OF 21, 22 and 23 = \$900.00</td> </tr> </table> | | | | | | 21. <input checked="" type="checkbox"/> Basic National Fee..... | \$300 | | CALCULATIONS (PTO USE ONLY) | | | 22. <input checked="" type="checkbox"/> Examination Fee (If International preliminary examination report prepared by USPTO and all claims satisfy provisional of: PCT Article 33(1)-(4)..... | \$100 | | \$300.00 | | | All other situations..... | \$200 | | \$200.00 | | | 23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... | \$100 | | \$400.00 | | | International Search Report prepared and provided to the Office.... | \$400 | | \$400.00 | | | All other situations..... | \$500 | | \$500 | | | TOTAL OF 21, 22 and 23 = \$900.00 | | | | | |
| 21. <input checked="" type="checkbox"/> Basic National Fee..... | \$300 | | CALCULATIONS (PTO USE ONLY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. <input checked="" type="checkbox"/> Examination Fee (If International preliminary examination report prepared by USPTO and all claims satisfy provisional of: PCT Article 33(1)-(4)..... | \$100 | | \$300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other situations..... | \$200 | | \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... | \$100 | | \$400.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| International Search Report prepared and provided to the Office.... | \$400 | | \$400.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All other situations..... | \$500 | | \$500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF 21, 22 and 23 = \$900.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.</p> <table> <tr> <td>Total Sheets -100</td> <td>Extra Sheets /50 =</td> <td>Number of each additional 50 or fraction thereof (round up to a whole number)</td> <td>RATE X \$250</td> <td colspan="2">\$</td> </tr> </table> | | | | | | Total Sheets -100 | Extra Sheets /50 = | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE X \$250 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets -100 | Extra Sheets /50 = | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE X \$250 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).</p> <table> <tr> <td colspan="4">TOTAL OF ABOVE CALCULATIONS = \$900</td> <td colspan="2">\$</td> </tr> </table> | | | | | | TOTAL OF ABOVE CALCULATIONS = \$900 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = \$900 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½</p> <table> <tr> <td colspan="4">SUBTOTAL = \$900</td> <td colspan="2">\$</td> </tr> </table> | | | | | | SUBTOTAL = \$900 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = \$900 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(l)).</p> <table> <tr> <td colspan="4">TOTAL NATIONAL FEE = \$900.00</td> <td colspan="2">\$</td> </tr> </table> | | | | | | TOTAL NATIONAL FEE = \$900.00 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = \$900.00 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</p> <table> <tr> <td colspan="4">TOTAL FEES ENCLOSED = \$940.00</td> <td colspan="2">\$</td> </tr> </table> | | | | | | TOTAL FEES ENCLOSED = \$940.00 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = \$940.00 | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table> <tr> <td colspan="4"></td> <td>Amount to be Refunded</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>Amount to be Charged</td> <td>\$940.00</td> </tr> </table> | | | | | | | | | | Amount to be Refunded | | | | | | Amount to be Charged | \$940.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be Refunded | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Amount to be Charged | \$940.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a. <input type="checkbox"/> A check in the amount \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>14-1270</u> (Customer No. 24737) in the amount of <u>\$ 940.00</u> to cover the above fees.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>14-1270</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p>Corporate Patent Counsel Philips Electronics North America Corporation P.O. Box 3001 Briarcliff Manor, NY 10510-8001</p> <p> (SIGNATURE) Robert J. Kraus (NAME) Reg. No. 26,358 (REGISTRATION NUMBER)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RESS
ERVICE ®

www.usps.com

AFFIX POSTAGE OR
CORPORATE ACCOUNT
LABEL HERE.

Please Rush To Addressee

230 U.S. PTO

010506

1420 U.S. POSTAGE PB 2212553
0365 \$21.050 JAN 05 06
9825 MAILED FROM ZIP CODE 10510

10/563843

FOR PICKUP OR TRACKING CALL 1-800-222-1811



Addressee Copy
Label 11-F, April 2004

EXPRESS
MAIL
UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

| | | |
|---|--|---------|
| ZIP Code | Day of Delivery | Postage |
| | <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | \$ |
| date Accepted | Scheduled Date of Delivery | |
| | Month | Day |
| to Day Year | | \$ |
| ime Accepted | AM | |
| | PM | |
| lat Rate <input type="checkbox"/> or Weight | | |
| lbs. | ozs. | |

USTOMER USE ONLY

DELIVERY (POSTAL USE ONLY)

| | | | |
|------------------|------|-----------------------------|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day | | <input type="checkbox"/> PM | |
| Delivery Attempt | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day | | <input type="checkbox"/> PM | |
| Delivery Date | Time | <input type="checkbox"/> AM | Employee Signature |
| Mo. Day | | <input type="checkbox"/> PM | |

WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ()

TO: (PLEASE PRINT)

PHONE ()

FOR PICKUP OR TRACKING: Visit www.usps.com or Call 1-800-222-1811



BEST AVAILABLE COPY